

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 JUN 16 PM 2:11

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT #** N99000002440

**1. Corporation Name**

Palm Beach County Bail Agents Association Inc

**2. Principal Office Address**

328 Banyan Blvd. Suite M.  
West Palm Beach Fl. 33401  
Suite, Apt. #, etc.

**3. Mailing Office Address**

328 Banyan Blvd. Suite M.  
West Palm Beach Fl. 33401  
Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

**4. Date Incorporated or Qualified  
To Do Business in Florida**

**5. FEI Number**

65-0918310

Applied For

Not Applicable

**6. CERTIFICATE OF STATUS DESIRED** ☐

\$375 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name

Sheila Brodrick

Street Address (P.O. Box Number is Not Acceptable)

328 Banyan Blvd.

Suite, Apt. #, Etc.

Suite M.

City

West Palm Beach

State

FL

Zip Code

33401

**8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.**

Signature of  
Registered Agent

*Sheila Brodrick*  
REGISTERED AGENT MUST SIGN

Date

6/12/03

**9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)**

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	Richards, Tommy	366 s Congress Ave	West Palm Beach Fl. 33006
DT	Brodrick, Sheila	328 Banyan Blvd. Suite M.	West Palm Beach Fl. 33401
D	Echols, Barry	1300 N Florida Mango Ste 15	West Palm Beach Fl. 33401

**10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.**

**SIGNATURE:**

*Sheila Brodrick*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/12/03  
Date

561-833-8811  
Daytime Phone #

PALM BEACH COUNTY BAIL AGENTS ASSOCIATION  
328 BANYAN BLVD. STE. M  
WEST PALM BEACH, FL. 33401

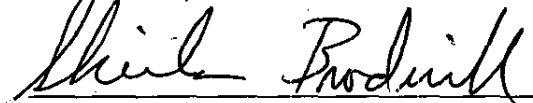
6/12/03

TO WHOM ITMAY CONCERN:

THE PURPOSE OF THIS COMMUNICATION IS TO REQUEST  
THAT THE REINSTATEMENT FEE BE WAIVED DUE TO THE FACT THAT A RENEWAL  
FORM WAS NOT SENT TO OUR ASSOCIATION.

WE WERE NOT MAILED A NOTICE OF RENEWAL.

SINCERELY,

A handwritten signature in cursive script, appearing to read "Sheila Brodrick", written over a horizontal line.

SHEILA BRODRICK  
DIRECTOR/TREASURER  
PALM BEACH COUNY BAIL AGENTS,  
ASSOCIATION



FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State

June 4, 2003

PALM BEACH COUNTY BAIL AGENTS ASSOCIATION INC.  
328 BANYAN BLVD., STE. M  
WEST PALM BEACH, FL 33401

SUBJECT: PALM BEACH COUNTY BAIL AGENTS ASSOCIATION INC.  
Ref. Number: N99000002440

Pursuant to our telephone conversation of June 4, 2003, I am enclosing a blank reinstatement application.

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Michelle Milligan  
Document Specialist

Letter Number: 403A00034992

RECEIVED  
JUN 10 2003

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